



ACS EDI GATEWAY, INC.

***ANSI ASC X12N 278
Prior Authorization
Wyoming Medicaid
Companion Guide
Version 2.3
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Companion Guide Documentation Change Control

Documentation change control is maintained in this document through the use of the Change Control Table shown below. All changes to this document after the approval of the Wyoming Office of Medicaid are noted along with the author, date, and reason for the change.

Change Control Table				
Author of Change	Page	Change	Reason	Date
Ray Strong EDI Business Analyst	19	Changed ISA 06 To now read: Please use the Trading Partner ID provided during the enrollment process, followed by spaces to complete the 15-digit element Example: '12345 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
Ray Strong EDI Business Analyst	19	Changed ISA 08 Please use 100000 followed by spaces to complete the 15-digit element. This is the Interchange Receiver ID Example: '100000 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
Ray Strong EDI Business Analyst	21	Changed GS 02 to now read: The value in this data element should mirror that of ISA06 Example: '12345 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
Ray Strong EDI Business Analyst	21	Changed GS 03 to now read: Please use 77046 followed by spaces to complete the 15-digit element Example: '77046 '	This element uses trailing spaces not zeros to accommodate for the remainder of the 15-digit element	08/20/03
Ray Strong EDI Business Analyst	19-31	Standardized the approach for the meaning of the words 'Use' and 'Enter' and the application of Bolding	CIM 9/4/03	9/15/03



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Ray Strong EDI Business Analyst	29	Added all valid values applicable	All The values were not indicated in the prior version.	9/15/03
Ray Strong EDI Business Analyst	29	Added all valid values applicable	All The values were not indicated in the prior version.	9/15/03
Ray Strong EDI Business Analyst	19-31	Changed Column Headings 'Data Element' to 'Reference Description'	CIM 9/4/03	9/15/03
Ray Strong EDI Business Analyst	19,21	Changed ISA06 and ISA08, Changed GS02 and GS03	CIM 9/4/03. The Verbiage provided to explain the format was not clear.	9/15/03
Ray Strong EDI Business Analyst	20	Added The Interchange Version Control number	CIM 9/4/03. The actual value was not indicated in the prior version.	9/15/03
Ray Strong EDI Business Analyst	31	Added the notation of the Wyoming payer specific business edit which will generate an 824	This information was not included in the prior version.	9/15/03
R Strong	10	Added examples on how to Read 997's Accepted and rejected. Added proper Naming Convention For the Sub Header to read X12 N 997- Functional Acknowledgement.	User Clarity	10/24/03
R Strong	12	Added example for how to read 824's	User Clarity	10/28/03
R Strong	15	Added the iDEx Hyperlink	User Clarity	10/28/03
Ray Strong EDI Business Analyst	19	Changed GS 02 to now read: The value in this data element should be the Trading Partner ID entered in ISA06 without the trailing spaces Example: 123456	This element does not use any trailing spaces	10/28/03
R Strong	20-27	Corrected Usage of the words "Use" and "Enter". Removed all Quotation marks from list values	User Clarity	10/28/03



Disclaimer

Purpose of the ANSI ASC X12N 278 Prior Authorization Transaction Companion Guide

This companion guide is for use along with the ANSI ASC X12N Health Care Prior Authorization Request and Response: 278 Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Prior Authorization Request and Response processing for the Wyoming Office of Medicaid. The guide also includes useful information about sending and receiving data to and from ACS EDI Gateway, Inc.

Submitters are encouraged to check the Wyoming GCRO website periodically for updates to the companion guides at the following website:

http://www.acs-gcro.com/Medicaid_Accounts



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At a Glance

Chapter 1, Introduction

Chapter 1 includes a brief overview of ACS EDI Gateway and the services it provides (pages 1 - 2).

Chapter 2, Transmission Methods

Chapter 2 discusses submitting electronic data interchange to the ACS EDI Gateway (pages 3 - 6).

Chapter 3, Transmission Responses

Chapter 3 discusses confirmation and error responses to transactions submitted (pages 7 - 13).

Chapter 4, Data Retrieval Methods

Chapter 4 highlights electronic data interchange retrieval from the ACS EDI Gateway (page 14).

Chapter 5, Testing

Chapter 5 discusses transaction testing procedures (pages 15 - 16).

Chapter 6, Payer Specific Data

Chapter 6 includes information on Enrollment and ACS EDI Gateway contact information (pages 17 - 18).

Chapter 7, Transaction Description - V4010.A1

Chapter 7 contains a description of the transaction usage as well as a data clarification chart indicating the specific ANSI ASC X12N 278 data and values used by the Wyoming MMIS. (pages 19)

Chapter 8, Transaction Description - V4010.A1

Chapter 8 displays data clarification tables indicating the specific ANSI ASC X12N 278 data and values used by the Wyoming MMIS and the Implementation Standards. (pages 20 - 33)



Chapter 1 Introduction

ACS EDI Gateway, Inc., a leader in healthcare technology, provides EDI gateway services to providers enrolled in contracted healthcare plans. Our electronic transactions acquisition services provide an array of tools that allow you to:

- Easily submit all of your transactions to one source
- Submit transactions twenty-four hours a day, seven days a week
- Receive confirmation of receipt of each file transferred
- Receive remittance notification from health care plans on a regular basis

Healthcare plans that participate with ACS EDI Gateway, Inc. are referred to as payers. Transactions are accepted electronically into our data center in Tallahassee, Florida and are processed through the ACS State Healthcare Clearinghouse (SHCH). As an EDI Gateway Service, we provide connectivity to various healthcare plans and states where ACS is the fiscal agent, third-party administrator, or contracted clearinghouse.

The ACS SHCH provides connectivity for the flow of medical information and data between medical providers, facilities, vendors, claim payment agencies, and other clearinghouses and the Front-end Online Transaction Processor (OLTP). Beyond the receipt and delivery of this data, ACS SHCH provides translation to and from ANSI ASC X12N standard formats.

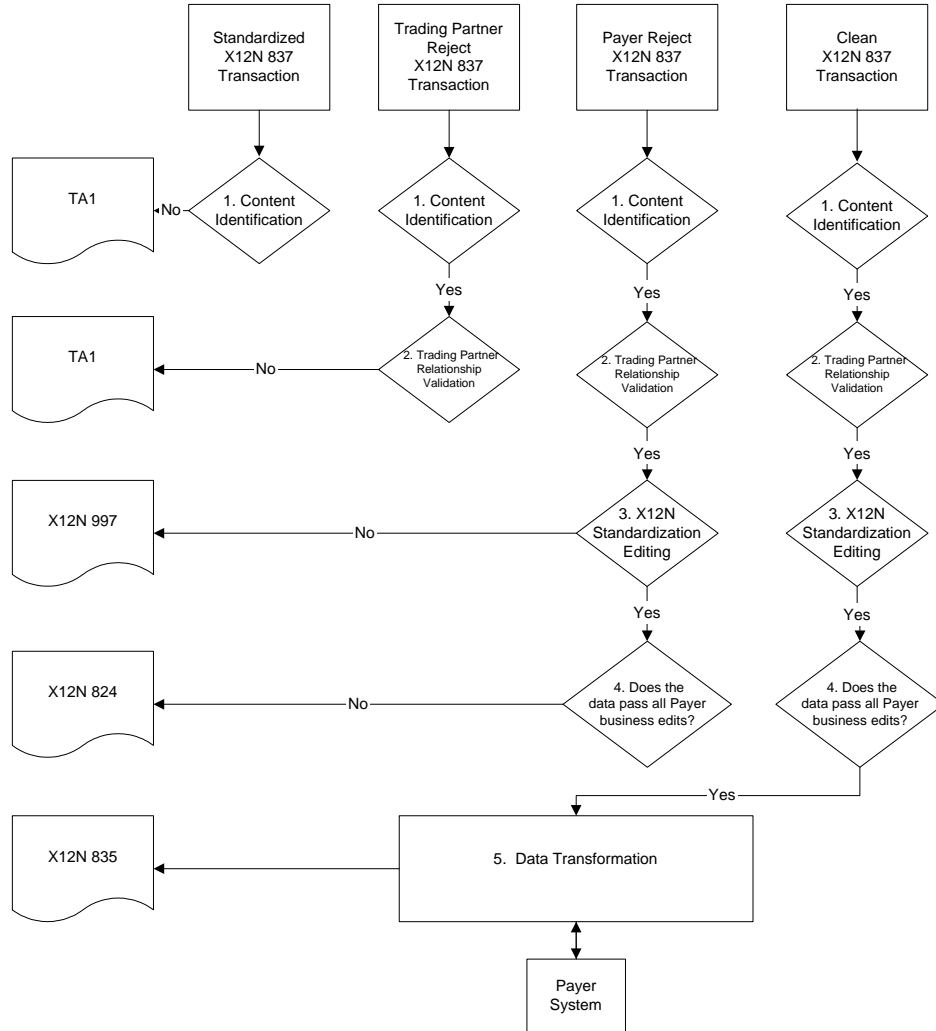
The 837 Institutional transaction data will be submitted to the ACS SHCH for processing. ACS SHCH validates submission of ANSI X12N format(s). If the file contains syntactical error(s), the segment(s) and elements(s) where the error(s) occurred will be reported in a X12 N 997 Functional Acknowledgement. The TA1 report is used to report receipt of individual interchange envelopes that contain corrupt data or an invalid trading partner relationship. If the data fails payer specific edits, the 824 Application Advice will be returned to the submitter. The ANSI ASC X12N 278 can contain information related to payees, payers, dollar amount and payments.

Audience

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. The ANSI ASC X12N Implementation Guides can be accessed at http://www.wpc-edi.com/Insurance_40.asp. This guide outlines the procedures necessary for engaging in Electronic Data Interchange (EDI) with ACS EDI Gateway, Inc. and specifies data clarification where applicable.



Editing and Validation Flow Diagram



LEGEND:

- Content Identification:** Data identification is attempted. If the data is corrupt or intended for another resource, a TA1 (Interchange Acknowledgement) will be returned. If the data can be identified, it is then checked for Trading Partner Relationship Validation.
- Trading Partner Relationship Validation:** The trading partner information is validated. If the trading partner information is invalid, a TA1 (Interchange Acknowledgement) will be returned to the submitter. If the trading partner relationship is valid, the data will be passed for X12N syntax validation.
- X12N Syntax Validation:** A determination will be made as to whether the data is ANSI ASC X12N. A X12 N 997 (Functional Acknowledgement) will be returned to the submitter. The X12 N 997 contains **ACCEPT** or **REJECT** information. If the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. If the data passes X12N syntax validation, data transformation will be performed.
- Data Transformation:** The data is transformed and sent to the payer. An ANSI ASC X12N 278 response will be returned after being worked in the MMIS for submitter pickup.



Chapter 2 Transmission Methods

Trading Partners are offered the following transmission methods:

Asynchronous Dial-Up

ACS EDI Gateway provides an interactive, menu-driven bulletin board system that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. This bulletin board system (BBS) can be accessed using a standard modem and supports modem speeds of up to 56,000 BPS. Transaction transmission is available twenty-four hours a day, seven days a week. This availability is subject to scheduled and unscheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

Communication Protocols

ACS currently supports the following asynchronous dial-up communication options:

XMODEM, YMODEM, ZMODEM, Kermit

Teleprocessing Requirements

The general specifications for asynchronous dial-up communication with ACS are:

Telecommunications

Hayes-compatible 2400-56K BPS asynchronous modem.

File Format

ASCII text data.

Compression Techniques

PKZIP will compress one or more files into a single ZIP archive.

WINZIP will compress one or more files into a single ZIP archive.

ACS accepts transmission with any of the above compression techniques, as well as non-compression files.

Data Format

8 data bit, 1 stop bit, no parity, full duplex.

Transmission Protocol

ZMODEM uses 128 byte to 1024 byte variable packets and a 16-bit or 32-bit Cyclical Redundancy Check (CRC).



Teleprocessing Settings

ASCII Sending

XMODEM uses 128 byte blocks and a 16-bit CRC.

YMODEM uses 1024 byte blocks and a 16-bit CRC.

KERMIT can be accepted if X, Y, or ZMODEM capabilities are not available with your communication software.

Send line ends with line feeds (should not be set).

Echo typed characters locally (should not be set).

Line delay 0 milliseconds.

Character delay 0 milliseconds.

ASCII Receiving

Append line feeds to incoming line ends should not be checked.

Wrap lines that exceed terminal width.

Terminal Emulation

VT100 or Auto.



Transmission Procedures

SUBMITTER

1. Dial ACS Host
2. Enter Login Name,
Push Enter Key
3. Enter Password,
Push Enter Key
4. Enter Desired Selection,
Push Enter Key

HOST SYSTEM

Answers call, negotiates a common baud rate, and sends to the Trading Partner:

“Please enter your Login=>”

Receives User Name (Login Name) and sends to the Trading Partner:

“Please enter your password=>”

Receives Login and verifies if Trading Partner is an authorized user:

Sends HOST selection menu followed by a user prompt:

On the screen,
“Please Select from the Menu Options Below =>”

#1. Electronic Claims

Submission: Assigns and sends the transmission file name then waits for ZMODEM (by default) file transfer to be initiated by the Trading Partner.

#2. View Submitter Profile

#3. Select File Transfer

Protocol: Allows you to change the protocol for the current submission only. The protocol may be changed to **(k)**ermit, **(x)**Modem, **(y)**Modem, or **(z)**Modem. Enter the first letter of the protocol that you wish to use. Enter selection **[k,x,y,z]:**

#4. Download Confirmation



**5. To Send file, Enter “1”
and Push Enter Key**

#9. Exit & Disconnect:
Terminates connection.

Receives ZMODEM (or other designated protocol) file transfer. Upon completion, initiates file confirmation. Sends file confirmation report.

Sends HOST selection menu followed by a user prompt=>

On the screen,
**“Please Select from the Menu
Options Below =>”**



Chapter 3 Transmission Responses

HIPAA not only gave the healthcare community the ability to standardize transactions, but also the ability to standardize front-end edits and the acceptance/rejection reports associated with the edits. The acceptance/rejection reports pertain to precision within EDI transaction format syntax and transaction implementation guide compliance. When a report is generated, the type of report returned is dependent on the edit level that is invalid.

A transaction contains levels where edits are present. The edit level where the error occurs designates rejection of an entire batch or a single claim. The levels are explained in the following three heading:

- Interchange Level Errors and TA1 Rejection Report
- Transaction Set Level Syntax Results and X12 N 997 Rejection Report
- Implementation Guide Level Results and the Rejection Report

The levels and their affiliated acceptance/rejection reports are discussed on the following pages.



Interchange Level Errors and TA1 Rejection Report

Interchange or TA1 edits verify the ISA, GS, GE and IEA level segments and the data content within these segments, which consist of the header and footer batch information. Any X12 syntax error that occurs at this level will result in the entire transaction being rejected. These rejections are reported on a TA1.

TA1-Interchange Acknowledgement

A TA1 is an Interchange Acknowledgement segment used to report receipt of individual interchange envelopes. An interchange envelope contains the sender, receiver, and data type information within the header. The TA1 reports the syntactical analysis of the interchange header and trailer. If invalid (e.g. the data is corrupt or the trading partner relationship does not exist within the ACS system) the interchange will reject and a TA1, along with the data, will be forwarded to the ACS EDI Gateway Business Analysts for referencing purposes.

Refer to National Electronic Data Interchange Implementation Guide, Health Care Services Review – Review and Response 278, Appendix B, EDI Control Directory, B.1 Control Segments and B.2 Functional Acknowledgement Transaction Set, 997.



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The Interchange Level and TA1 edit verify the **ISA**, **GS**, **GE** and **IEA** level segments and the data content within these segments, which consist of the header and footer batch information.

EXAMPLE:

In this sample batch transaction the ISA, GS, GE and IEA level segments are shown in bold text to highlight where incorrect sender information or incorrect total of groups can occur. The items shown in bold text **ISA**, **GS**, **GE** and **IEA** show the sections where errors can occur.

ISA Interchange Control Header, contains sender information.

GS Functional Group Header, starts a group of related transaction sets.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within a transaction

SE Transaction Set Trailer, ends a transaction set.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within the next transaction if it exists

SE Functional Group Trailer, ends a group of related transaction sets.

GE Functional Group Trailer, ends a group of related transaction sets.

IEA Interchange Control Trailer, counts total number of functional groups within a batch.



Transaction Set Level Syntax Results and 997 Rejection Report

This level of edit is enforced by transaction set level syntax problems for all transactions within each functional group. These edits check the ST and SE level segments and the data content within these segments. These segments consist of the entire detail information within a transaction. Any X12 syntax error that occurs at this level will result in the entire transaction being rejected. However, if the functional group consists of additional transactions without errors, these will be processed. The rejections are reported on a X12 N 997.

X12 N 997-Functional Acknowledgement

ACS SHCH validates submission of ANSI ASC X12N format(s). An ANSI ASC X12 X12 N 997, or Functional Acknowledgement, is generated when an EDI file, e.g. an ANSI ASC X12N file that has passed the header and trailer check, passes through the clearinghouse. The X12 N 997 contains **Accept** or **Reject** information; if the file contained syntactical errors, the segment(s) and element(s) where the error(s) occurred will be reported. For an example of this report, please see the ANSI ASC X12N 278 Implementation Guide. This method of acknowledgement is required by Trading Partner Agreement between ACS EDI Gateway and the Trading Partners.

The examples below show an accepted and a rejected X12 N 997. On the iDEX website (<http://wyomingmedicaid.acs-inc.com/>) the X12 N 997's display as one complete line.

```
ISA*00*                                *00*5265                *ZZ*100000                *ZZ*100008
*031023*1126*U*00401*000000166*1*T*~GS*FA*77046*100008*20031023*112600*1660001
*X*004010X094A1~ST*997*0001~AK1*HI*19990000~AK2*278*TEST~AK5*A~AK9*A*1*1*1~
SE*6*0001~GE*1*1660001~IEA*1*000000166~
```

A=Accepted

```
ISA*00*                                *00*5264                *ZZ*100000                *ZZ*100008
*031023*1124*U*00401*000000165*1*T*~GS*FA*77046*100008*20031023*112400*1650001
*X*004010X094A1~ST*997*0001~AK1*HI*19990000~AK2*278*TEST~AK5*R*7~AK9*R*1*1*0
~SE*6*0001~GE*1*1650001~IEA*1*000000165~
```

R=Rejected

Refer to National Electronic Data Interchange Implementation Guide, Health Care Services Review – Review and Response 278, Appendix B, EDI Control Directory, B.1 Control Segments and B.2 Functional Acknowledgement Transaction Set, 997.



The X12 N 997 edits verify the **ST** and **SE** level segments and the segment data content within these segments.

EXAMPLE:

In this sample batch transaction the X12 N 997 edits verify the **ST** and **SE** level segments and the data content within these segments. The items shown in bold text **ST** and **SE** highlight where errors can occur.

ISA Interchange Control Header, contains sender information.

GS Functional Group Header, starts a group of related transaction sets.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within a transaction

SE Transaction Set Trailer, ends a transaction set.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within the next transaction if it exists

SE Functional Group Trailer, ends a group of related transaction sets.

GE Functional Group Trailer, ends a group of related transaction sets.

IEA Interchange Control Trailer, counts total number of functional groups within a batch.



Implementation Guide Level Results and the Rejection Report

The level edit is enforced by the implementation guide rules for the particular transaction. These edits will vary depending on the rules set by the implementation guide, code sets, and looping structures. Any errors that occur at this level will result in the data content within that claim being rejected. However, if the batch consists of additional inquiries without errors, these will be processed. The rejection reports are not mandated to be in a specific format and the 824 is used during these instances.

824-Application Advice

If a payer business edit fails during the translation of an 837 Institutional transaction, an 824-application advice will be returned to the submitter. This is used to report errors outside of the scope of the X12 N 997. It will detail what errors are present, and if necessary, what action the submitter should take. The use of the 824 transactions is not required by HIPAA. For an example of this report, please see the ANSI ASC X12N 824 Implementation Guide.

The list below contains the current Wyoming Medicaid Business edits and corresponding error codes. All 824's will be available for view and download on the (iDEx) website. The following link is to the (iDEx) (<http://wyomingmedicaid.acs-inc.com/>).

Wyoming Business Edits

- 1. Not a Medicaid or Medicare Provider**
WY_ERR_1-No Medicaid/Medicare Provider (CLM-01)
- 2. Invalid Provider Number**
WY_ERR_2-Invalid Provider-ProvID (CLM-01)
- 3. COB-Detail – No corresponding COB-Header**
WY_ERR_3-COBDetail Without COBHeader (CLM-01)
- 4. Patient Level Claim Rejects**
WY_ERR_4-Patient Level Claim Reject (CLM-01)
- 5. Unable to locate TCN Number (CLM-01)**
WY_ERR_5-Unable to locate TCN Number (CLM-01)

For further handling and response, please see Chapter 1, “Editing and Validation Flow Diagram” for a visual depiction of the error process/responses.



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The 824 edits verify the **ST** and **SE** level segments and the data content within these segments for payer business edits.

EXAMPLE:

In this sample batch transaction 824 edits verify ST and SE level segments and the data content within these segments for payer business edits. The items shown in bold text **ST** and **SE** highlight where errors can occur.

ISA Interchange Control Header, contains sender information.

GS Functional Group Header, starts a group of related transaction sets.

ST Transaction Set Header, starts a transaction set.

If detail segment information within a transaction fails a payer business edit then an 824 Application Advice will be generated. The 824 Application Advice reports business edit errors beyond the scope of the 997.

SE Transaction Set Trailer, ends a transaction set.

ST Transaction Set Header, starts a transaction set.

Contains detail segment information within the next transaction and each additional transaction thereafter if they exist. If detail information within a transaction fails a payer business edit then an 824 Application Advice will be generated. The 824 Application Advice reports business edit errors beyond the scope of the 997.

SE Functional Group Trailer, ends a group of related transaction sets.

GE Functional Group Trailer, ends a group of related transaction sets.

IEA Interchange Control Trailer, counts total number of functional groups within a batch.



Chapter 4 Data Retrieval Methods

Internet Data Exchange (iDEX)

ACS EDI Gateway provides an interactive, menu-driven data exchange system that allows you to upload your transaction files and receive immediate confirmation of the status of your transfer. This system is accessed using the Internet. This availability is subject to scheduled and unscheduled host downtime. It is operational policy to schedule preventative maintenance periods on weekends whenever possible.

The Internet Data Exchange System (iDEX) allows all Trading Partners to retrieve data via the Internet 24 hours a day, seven days a week. Also each individual provider has the option of retrieving the transaction responses and reports themselves. The Trading Partner will access the (iDEX) system using the logon and password assigned to them during the EDI enrollment process. Use the following link to access the (iDEX) website.

<http://wyomingmedicaid.acs-inc.com/>



Chapter 5 Testing

Vendors, Billing Agents, Clearinghouses, and Providers who have created their own electronic claims submission software are required to engage in testing with ACS EDI Gateway. Such entities will validate their applications with ACS EDI Gateway utilizing Companion Guides in conjunction with the national ANSI ASC X12N Implementation Guides. These guides will be used to validate that software applications fulfill X12N and payer business edit requirements. Assistance from ACS EDI Business Analysts is available throughout the testing processes, first through EDIFECS and then through ACS EDI Gateway. Successful completion of both testing processes is required before a submitter will be approved for production. Testing is specific to the Transaction Set.

In ACS EDI Gateway testing each test transmission is validated to ensure no format errors are present. Testing is conducted to verify the integrity of the format not the integrity of the data. However, in order to simulate a production environment, we request that test files contain realistic healthcare transaction data. The number of test transmissions required depends on the number of format errors in a transmission and the relative severity of these errors. Additional testing may be required in the future to verify any changes made to ACS' system or HIPAA mandated changes.

Additionally, those submitters who have created their own software applications must use EDIFECS to validate that their transactions are X12N compliant prior to submitting any test files to ACS EDI Gateway. Submitters cannot obtain direct Internet access to EDIFECS. They can only obtain access through the Internet enrollment process with ACS EDI Gateway, <http://www.acs-gcro.com/>

ACS EDI Business Analysts will assist submitters with EDIFECS' testing. However, the process has proven to be user friendly, intuitive and capable of guiding the tester to select a Transaction Set, submission of a text formatted file and utilization of Implementation Guides to verify compliance.

EDIFECS testing - submitters are required to address any errors discovered during compliance testing prior to moving on to the next stage of testing with ACS EDI Gateway. When a file passes compliance testing, that Transaction Set will be flagged as 'PASSED' by EDIFECS. EDIFECS keeps an electronic file that reports the status of Transaction Sets that have been passed. This file is created automatically during enrollment, which is explained below under Trading Partner Testing Procedures.

When a submitter has successfully passed their Transaction Sets through EDIFECS they can contact an ACS EDI Business Analyst for approval to begin testing with ACS EDI Gateway.



Trading Partner Testing Procedures

1. ACS EDI Gateway makes available companion guides and enrollment packages for download via the web at <http://www.acs-gcro.com/Wyoming Medicaid>
2. Trading Partner completes and submits enrollment package to ACS EDI Gateway.
3. ACS EDI Gateway assigns Trading Partner's a Login Name and Login User ID.

Testing with EDIFECS

The Trading Partner is given access to the EDIFECS website through enrollment with ACS EDI Gateway. Trading Partner contacts the ACS EDI Business Analyst department at 1 (850)-558-1630 to arrange a testing schedule and complete their EDIFECS enrollment to arrange an ACS EDI Gateway testing schedule after completion of EDIFECS testing by successfully passing each Transaction Set. This information is reported in the Trading Partner's EDIFECS account.

Testing with ACS EDI Gateway

1. Trading Partner creates test cases and transmits transaction data to ACS EDI Gateway.
2. Business Analyst evaluates the flow of test data through ACS' State Healthcare Clearinghouse, SHCH.
3. When a test case is passed successfully through ACS EDI Gateway, a Business Analyst will contact the trading partner to communicate that they are approved for placement into the production environment for that specific Transaction Set, when available. If the testing entity is a software vendor, they will be required to provide a list of submitters using the approved software package.
4. Trading partners will remain in the testing environment until each Transaction Set they are testing has passed successfully.



Chapter 6 Payer Specific Data

EDI Support

The ACS EDI Support Unit assists users with questions about electronic claims submission. The ACS EDI Support Unit is available to all Wyoming Medicaid Trading Partners Monday through Friday from 8:00 a.m. to 5:00 p.m. MT at 1 (800) 672-4959. The ACS EDI Support Unit:

- Provides information on available services
- Enrolls users for claims submission
- Verifies receipt of electronic transmissions
- Provides technical assistance to users who are experiencing transmission difficulties

Enrollment Information

Any entity or trading partner sending electronic claims to ACS EDI Gateway for processing where reports and responses will be delivered must complete an EDI enrollment package. This package provides ACS EDI Gateway the information necessary to assign a Logon Name, Logon ID, and Trading Partner ID, which are required to submit electronic claims. You may obtain an enrollment package by contacting the ACS EDI Support Unit or by downloading it from our website at www.acs-qcro.com.

Transmission Telephone Number

ACS provides availability for claims transmission 24 hours a day, 7 days a week. There are no restrictions on the number of claims or the frequency of transmissions. The transaction transmission telephone numbers are 1 (800) 334-2832 and 1 (800) 334-4650.



Tracking Transmission/Production Problems

Please have the following information available when calling the ACS EDI Support Unit regarding transmission and production issues.

Trading Partner ID: Your Trading Partner ID is our key to accessing your trading partner information. Please have this number available each time you contact the ACS EDI Support Unit.

Logon Name and Logon User ID: These allow asynchronous Trading Partners access to the host system for claims submission. The ACS EDI Support Unit uses this information to reference your submitted data.

Submitter ID: Use your ACS EDI Gateway submitter ID number in conjunction with your software application to transmit files to ACS EDI Gateway.

Highlights

To promote efficient, accurate electronic transaction processing, please note:

- Each user is assigned an ACS EDI Gateway Trading Partner ID, 6-digits long.
- Logon Name, 8-characters long.
- Logon User ID (password), 9-characters long.
- ACS EDI Gateway Submitter ID, 5-digits long.
- All dates are in the CCYYMMDD format.
- All date/times are in the CCYYMMDDHHMM format.
- The same phone number will be used for transmitting test and production.
- Wyoming Medicaid Provider ID, 9-digits long.
- The Receiver ID and Payer ID for Wyoming Medicaid are 77046. Transmissions without this value in the appropriate fields will not be processed.
- The Trading Partner Agreement determines where reports and responses will be delivered



Chapter 7 Segment Description - V4010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

The following are access methods supported by ACS:

- Access by Member Identification Number for subscriber.
- Access by Social Security Number, and Date of Birth (Format CCYYMMDD) for the subscriber.
- Access by Social Security Number, and Name for the subscriber (Any non-alphanumeric character including spaces that are included in the last name or the first name may cause the inquiry to not be successfully processed).
- Access by Name (Any non-alphanumeric character including spaces that are included in the last name or the first name may cause the inquiry to not be successfully processed), Sex, and Date of Birth for the subscriber.

If a condition mentioned above is violated, authorization will be denied.

A 278 response will be generated for prior authorizations that have been approved, denied or returned at the line item level. A single 278 request transaction may receive multiple responses as each line item is worked.

A prior authorization is rejected if the requested service was invalid or did not require prior authorization.

The MMIS will only generate letters for prior authorization requests that have been approved or denied at the header level. A final 278 response will be generated, including all line items, once the letter is created or the header status is rejected.

If a line or entire prior authorization is rejected, the 278 response will include the appropriate HIPAA reason code.

A 278 response will return the data submitted on the 278 request in addition to the approval, denial or return information about the prior authorization.

Please note if you are sending paper documentation but submitting an electronic 278, this number will be sent along to the approver on the printed Prior Authorization. Approvers will need to devise a method for providers to send in this paperwork number on the paper documentation they are submitting.



Chapter 8 Transaction Description - V4010.A1

This section contains data clarifications. The clarifications include:

- Identifiers to use when a national standard has not been adopted (and),
- Parameters in the implementation guide that provide options.

Many of the data elements included in the Companion Guides are business requirements and are not standardization-required elements. Inclusion of a “business-required” data field, as defined by this Companion Guide, may aid in the delivery of a positive response.

The following section contains data clarifications. The clarifications include:

Identifiers to use when a national standard has not been adopted (and), parameters in the implementation guide that provide options.



**Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for the 278 Transaction Set, May 2000.*

X12N 278 Health Care Services Review - Request for Review –Inbound

ISA Interchange Control Header

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
B.3	Interchange Control Header	ISA	01	Please use 00
B.3	Interchange Control Header	ISA	02	This data element should be blank
B.4	Interchange Control Header	ISA	03	Please use 00
B.4	Interchange Control Header	ISA	04	This data element should be blank
B.4	Interchange Control Header	ISA	05	Please use ZZ (Mutually Defined)
B.4	Interchange Control Header	ISA	06	Please enter the Trading Partner ID provided during the enrollment process, Example: 123456 followed by spaces to complete the 15-digit element
B.4-B.5	Interchange Control Header	ISA	07	Use ZZ for mutually defined
B.5	Interchange Control Header	ISA	08	Please enter 100000 followed by spaces to complete the 15-digit element



*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
B.5	Interchange Control Header	ISA	09	Enter the Interchange Date format YYMMDD
B.5	Interchange Control Header	ISA	10	Enter the Interchange Time format HHMM
B.5	Interchange Control Header	ISA	11	Use U (Interchange Control Standards Identifier)
B.5	Interchange Control Header	ISA	12	Use 00401 (Interchange Version Control Number)
B.5	Interchange Control Header	ISA	13	Enter the Interchange Control Number this must be identical to the Interchange Trailer in IEA02
B.6	Interchange Control Header	ISA	14	Use one of the following values 0 = No 997 Interchange acknowledgement requested 1 = Yes 997 Interchange acknowledgement requested
B.6	Interchange Control Header	ISA	15	Use one of the following values: T = Test data P = Production data
B.6	Interchange Control Header	ISA	16	List your component element separator here. Note: the separator indicated in ISA16 must be used consistently throughout the file in segments where composites are given



**Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for the 278 Transaction Set, May 2000.*

GS Functional Group Header

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
B.8	Functional Group Header	GS	01	Use HI Health Care Services Review Information
B.8	Functional Group Header	GS	02	The value in this data element should be the Trading Partner ID entered in ISA06 without the trailing spaces Example: 123456
B.8	Functional Group Header	GS	03	Enter 77046 followed by spaces to complete the 15-digit element
B.8	Functional Group Header	GS	04	Enter Functional Group Creation Date expressed in CCYYMMDD format
B.9	Functional Group Header	GS	05	Enter Creation Time. Time format HHMM
B.9	Functional Group Header	GS	06	Enter Group Control Number. Must be identical to functional group trailer GE02. Note: Ensuring that this number is unique for every GS-GE, will allow for accurate researching of data if needed
B.9	Functional Group Header	GS	07	Use X (Accredited Standards Committee X12)
B.9	Functional Group Header	GS	08	Use 004010X094A1 (Version/Release/Industry Identifier Code)



**Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for the 278 Transaction Set, May 2000.*

278 Prior Authorization Request – Data Clarifications Inbound

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
57	2010A	NM1	09	Enter 77046
62	2010B	NM1	09	Enter your ACS EDI Trading Partner ID
64	2010B	REF	02	Enter the 9-digit Medicaid Number of the provider requesting the Prior Authorization. Note: The Medicaid Number provided is validated against a Wyoming payer specific business edit. This is the only business edit for the 278 at this time where an 824error rejection report will be generated. If the Medicaid Number provided is not valid for the state of Wyoming the transaction will be rejected and returned for correction and resubmission
October 2002 Addenda 40	2000C	PWK	02	Use BM (By Mail) Or FX (By Fax) Note: Attachments can only be received via paper and fax. The ACN number found in PWK 06 must be present on the documents
SERVICE PROVIDER This information is required for Wyoming Medicaid business use				
128	2010E	REF	02	Enter the 9-digit Wyoming Medicaid Provider ID



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*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
42-143	2000F	UM	03	Valid values for Wyoming Medicaid are: 1 Medical Care 2 Surgical 8 Surgical Assistance 12 Durable Medical Equipment Purchase 14 Renal Supplies in the Home 16 Chronic Renal Disease (CRD) Equipment 18 Durable Medical Equipment Rental 23 Diagnostic Dental 24 Periodontics 25 Restorative 26 Endodontics 27 Maxillofacial Prosthetics 28 Adjunctive Dental Services 35 Dental Care 36 Dental Crowns 37 Dental Accident 38 Orthodontics 39 Prosthodontics 40 Oral Surgery 42 Home Health Care 44 Home Health Visits 50 Hospital - Outpatient 71 Audiology Exam 75 Prosthetic Device 77 Otological Exam AC Rehabilitation - Outpatient AD Occupational Therapy AE Physical Medicine AF Speech Therapy AG Skilled Nursing Care AL Vision (Optometry) BS Invasive Procedures



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*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
October 2002 Addenda 99	2000F	PWK	02	Use BM (By Mail) Or FX (By Fax) Note: Attachments can only be received via paper and fax. The Attachment Control Number found in PWK 06 must be present on the documents



X12N 278 Health Care Services Review - Response to Request for Review – Outbound

ISA Interchange Control Header

These are the transaction clarifications for the X12N 278 Health Care Services Review – Response to Request for Review outbound transactions. In general, the 278 response will either return the same data that was received on the 278 request, with the addition of the assigned PAR number and pending disposition for valid information (Loop 2000F, HCR02), or a AAA segment denoting the error(s) found in the data. Once the review has been completed, formal notification will be sent to the provider on the PAR letter

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
B.3	Interchange Control Header	ISA	01	00 will be returned
B.3	Interchange Control Header	ISA	02	This data element will be blank
B.4	Interchange Control Header	ISA	03	00 will be returned
B.4	Interchange Control Header	ISA	04	This data element will be blank
B.4	Interchange Control Header	ISA	05	ZZ mutually defined, will be returned
B.4	Interchange Control Header	ISA	06	100000 will be returned
B.4-B.5	Interchange Control Header	ISA	07	ZZ mutually defined, will be returned
B.5	Interchange Control Header	ISA	08	ACS EDI Trading Partner ID will be returned
B.5	Interchange Control Header	ISA	09	Interchange Date format YYMMDD will be returned



*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
B.5	Interchange Control Header	ISA	10	Interchange Time format HHMM will be returned
B.5	Interchange Control Header	ISA	11	Data Element U (Interchange Control Standards Identifier) will be returned
B.5	Interchange Control Header	ISA	12	00401 (Interchange Version Control Number) will be returned
B.5	Interchange Control Header	ISA	13	Interchange Control Number will be returned. Must be Identical to IEA02
B.6	Interchange Control Header	ISA	14	One of the following values will be returned in the 278 Response: 0= No 997 Interchange acknowledgement requested 1= Yes 997 Interchange acknowledgement requested
B.6	Interchange Control Header	ISA	15	One of the following values will be returned: T= Test data P= Production data
B.6	Interchange Control Header	ISA	16	Your component element separator will be returned



**Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for the 278 Transaction Set, May 2000.*

GS Functional Group Header

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
B.8	Functional Group Header	GS	01	HI – Health Care Services Review Information will be returned
B.8	Functional Group Header	GS	02	ACS EDI Trading Partner ID will be returned
B.8	Functional Group Header	GS	03	77046 will be returned
B.8	Functional Group Header	GS	04	Functional Group Creation Date expressed in CCYYMMDD format will be returned
B.9	Functional Group Header	GS	05	Creation Time will be returned. Time format HHMM
B.9	Functional Group Header	GS	06	Group Control Number will be returned
B.9	Functional Group Header	GS	07	X (Accredited Standards Committee X12) will be returned
B.9	Functional Group Header	GS	08	004010X094A1 (Version/Release/Industry Identifier Code) will be returned



**Please note the page numbers listed below in each of the tables represent the corresponding page number in the ANSI ASC X12N Implementation Guide for the 278 Transaction Set, May 2000.*

278 Prior Authorization Response – Data Clarifications Outbound

*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
62	Transaction Set Header	ST	02	The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number is assigned by the originator and must be unique within a functional group (GS-GE). The number also aids in error resolution research for example start with number 0001 and increment from there
220	Header	BHT	06	18 (Response with no further updates) will be returned. Final determination of Prior Authorization Request will be sent in a letter
223	2000A	AAA		This code indicates that the request or an element in the request is not valid, or has been rejected as identified by the code
226	2010A	NM1	02	2 (Non-Person Entity) will be returned
226	2010A	NM1	03	WY Medicaid will be returned
226-227	2010A	NM1	08	PI (Payer Identification) will be returned
227	2010A	NM1	09	77046 will be returned
229	2010A	PER	02	WY Medicaid will be returned
229	2010A	PER	03	TE (Telephone) will be returned
229	2010A	PER	04	This will either be provider relations phone number 1 (800) 237-7647 or, if Loop 2000A AAA segment error is returned, use EDI's phone number of 1 (800) 334-4650
242	2010B	AAA	03	Wyoming Medicaid will use the following: 51 (Provider Not on File)
242	2010B	AAA	04	C (Please Correct and Resubmit) will be returned



*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
October 2002 Addenda 134-135	2010CA	AAA	03	<p>Wyoming Medicaid will use one of the following:</p> <p>58 Invalid/Missing Date-of-Birth</p> <p>64 Invalid/Missing Patient ID</p> <p>65 Invalid/Missing Patient Name</p> <p>66 Invalid/Missing Patient Gender Code</p> <p>67 Patient Not Found</p> <p>68 Duplicate Patient ID Number</p> <p>71 Patient Birth Date Does Not Match That for the Patient on the Database</p> <p>72 Invalid/Missing Subscriber/Insured ID</p> <p>73 Invalid/Missing Subscriber/Insured Name</p> <p>74 Invalid/Missing Subscriber/Insured Gender Code</p> <p>75 Subscriber/Insured Not Found</p> <p>76 Duplicate Subscriber/Insured ID Number</p> <p>77 Subscriber Found, Patient Not Found</p> <p>78 Subscriber/Insured Not in Group/Plan Identified</p> <p>79 Invalid Participant Identification Use for invalid/missing subscriber supplemental Identifier</p> <p>95 Patient Not Eligible</p>



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*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
October 2002 Addenda 135	2010CA	AAA	04	C (Please Correct and Resubmit) N (Resubmission Not Allowed)
SERVICE PROVIDER				
October 2002 Addenda 315	2010E	AAA	03	Wyoming Medicaid will use the following: 51 (Provider Not on File)
	2010E	AAA	04	C (Please Correct and Resubmit)
SERVICE LEVEL				
24	2000F	AAA	03	Wyoming Medicaid will return one of the following if AAA01 = N 15 Required Application Data Missing 33 Input Errors 35 Out of Network 41 Authorized Access Restrictions 42 Unable to Respond at Current Time 43 Invalid/Missing Provider ID 44 Invalid/Missing Provider Name 45 Invalid/Missing Provider Specialty 46 Invalid/Missing Provider Phone Number 47 Invalid/Missing Provider State 49 Provider Is not the PCP 51 Provider Not on File 52 Service Dates not within Provider Plan Enrollment. 57 Invalid/Missing Date(s) of Service Invalid/Missing Service, Admission, Surgery, or Discharge Dates 58 Invalid/Missing Date of Birth 60 Date of Birth Follows Date of Service 61 Date of Death Preceded Date of Service



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*PAGE	LOOP	SEGMENT	REFERENCE DESCRIPTION	COMMENTS
				62 Date of Service not within Allowable Inquiry Period 64 Invalid/Missing Patient ID 66 Invalid/Missing Gender Code 67 Patient Not Found 68 Duplicate Patient Number 71 Incorrect Patient Birth Date 72 Missing/Invalid Subscriber Insured ID 73 Invalid/Missing Subscriber/Insured Name 74 Invalid/Missing Subscriber/Insured Gender Code 75 Subscriber/Insured not Found 76 Duplicate Subscriber/Insured ID Number. 77 Subscriber not Found, Patient not Found. 78 Subscriber/Insured not in Group/Plan Identified 79 Invalid Participant Identification 80 No Response Received – Transaction Terminated 95 Patient not Eligible 97 Invalid/Missing Provider Address T4 Payer Name or ID Missing T5 Certification Information Missing
332	2000F	HCR	02	PAR (Prior Authorization Request) number will be returned in this segment/data element
332	2000F	HCR	03	E8= Requires Medical Review. The 278 response will always be coded this way if data is valid